Form 70-001-02-1-1-000 (Rev.04/02) Route to the Registration		+ Re	egis	Missis tration	ssippi Applicatic	n	+		Page 1
Section] - [<u> </u>		For Office Use Only	
Please see instructions for details on completion. Incomplete forms will be returned. All applicants should complete Sections A ,B and F. Also complete any other sections that apply. Sales Tax Only - If more than one physical location, a separate application must be completed for each different physical location. If taxpayer is a chain type store and filing a masterfile return, then use Form 72-309 to make a change that affects all accounts.									
SECTION A: Check Tax Sales/Use Tax		unt Applying fo olding Tax	r	С	orporate Income	Тах		Tobacco Tax	nly)
Sales Tax Use Tax	Wit	hholding Tax - Employe hholding Tax - Employe hholding Tax - Gaming		ng	Corporate Income Corporate Franchis		Tobaco	xcise Tax co Excise Tax ust file a separate appli sell Beer and Tobacco	cation . See
SECTION B: Business	Inform	ation (all applic	ants	must con	nplete this sec	tion -	see instructions	s)	
1. Type of Ownership:						2.	Identification:		
C Corporation S Corporation LLC-Partnership LLC-Corporation	LLP Partne	rtnership - Genera	•	Other Go Sole Prop			Federal Employer	Identification N	umber
	☐ Fe	Partnership - Limited Federal Government		Other: Sp	ecify		Social Security Nu	mber	
Single Member LLC-Single Member LLC-					_		Sales Tax Masterf	ile Number (if a	ny)
_ `			atus fo	or cornorate	income/franchis	e tax <i>l</i>	Attach documentati	on to substanti	ate
 Check if claiming exemption for "Non-Profit" status for corporate income/franchise tax. Attach documentation to substantiate. Legal Name (Owner's name, if sole proprietor) 									
5. Trade Name (if differen	nt)								
6. Headquarters Address Home Address - if Sole		etor			Street address, do	o not ent	er P.O.Box.		
Tiomo Addi doo iii dala	o i Topin			City		State	e Count	y ZIP	
7. Mailing Address					Street Address or	r P.O.Box	x		
				Citv		State	e Count	v ZIP	
8. MS Physical Address								y <u>-</u>	
					Street address, do	o not ent	er P.O.Box.		
•				City		State	e Count	y ZIP	
9. Phone Number ()				Fax Number)		
E-mail Address Secondary Phone (Pager / Cell		er ′ <u>() </u>		
- Cecondary i none (,				Fax Number		,		
10. Description or nature of	busines	ss							
11. Industry Code (List all that	apply to	our business.) Prii	mary:		Additio			and exempt for recole	
SECTION C: For Corpo	rations	and Partnersh	ips O		. mausu y Code determii	ico Wildt	products can be purchase	a exempt for resale.	
12. State of Incorporation _					or authorized to	do bus	siness in Mississipp	oi	
14. Basis of reporting:		Calendar Y	r.	[Fiscal Yr. (Lis	t FYE)			
15. If C Corp, S Corp, LLC, have any responsibility f	LLP, or or fiscal	Partnership, list na management of the	ames a ne org	and home a anization. (addresses of office If more space nee	ers, dir eded, a	rectors, managing padd additional page	partners, or me	mbers who
Name			Addr	ress Inform	ation		Social Security	Title	% Owned
Ivaille		Physical Address		City	State Z	ip	Number	TILLE	76 OWITEG

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SECTION D: Sales/Use Tax		r ago z				
16. Enter Previous Owner Name, Trade Name & Account Number:						
17. Where will records be maintained? (Check One) Headquarters Physical	Other					
18. Date business began at this location: (Returns will be re	quired from this date forward.)	1				
19. Check one of the following to describe your business location: Owner Occupied Retail Space Describe your business location: Leased Retail Space Other (explain)						
20. Is your business located inside or outside the city limits?	Outside Unknowr	1				
21. Do you already have a use tax number?	x Number					
22. Have you qualified for any tax incentives? Yes No If yes, please provide approved documentation from Mississippi Development Authority.						
SECTION E: Withholding Tax						
23. Date Mississippi taxable wages first paid 24. Estimated mo	onthly liability					
25. Number of Mississippi Employees						
26. Are you an employee leasing company? Yes No If yes, contact your District Service Office	ee for more information.					
27. Where will records be maintained? (Check One) Headquarters Physical	Other					
SECTION F: Applicant Signature						
I hereby certify that the above statements are true and correct to the best of my knowledge and I hereby apply for the appropriate permit(s) to engage in business. I agree to pay any and a comply fully in all respects with the applicable Mississippi Tax Laws and any corresponding rules	Il taxes due the State of Missis					

Print Name of Owner or Officer of Corporation Only Date

Signature of Owner or Off Corporation Listed in #1 If General Partne	-	e of Owner or Officer of poration Listed in #15 Attach sheet, if needed. If Limited Partn	Signature of Owner or Officer of Corporation Listed in #15 nip, Managing Partner must sign.		
	For Office Use Or	nly - Do Not Write in this Sect	ion		
Date Issued	SIC Code	City Number	Cash Bond Amt \$		
Sales Tax Use Tax Withholding Tax	M Q A Norms	Tax Acct No.	Also Responsible for: Tupelo Tax Special City/County Tax Occupancy Tax Motor Vehicle Rental Tax Waste Tire Disposal Fee		
Additional Account to be include Approved:	d in Master File Number: [Yes No Master	File No.		
Agent's Signature	Agent's	Number Date	Master File Agent's Signature		

Agent's Signature